PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/747,614-Conf. #2898				
FEE TRANSMITTAL						December 30, 2003				
For FY 2008						Michael STOKES				
FOI F1 2000				Examiner Name S		S. R. Koziol				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2609					
TOTAL AMOUNT OF PAYMENT (\$) 1,050.00			Attorney Docket No. 5486-0213F			JS1				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Name: Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below ` Charge fee(s) indicated below, except for the filing fee										
X Charge any additional fee(s) or underpayments of X Credit any overpayments										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
T. BAGIO I IEMO, GEARGE		G FEES		ARCH FEES	EXAMI	NATION FEES				
	- 4	Small Entity		Small Entity	- (0)	Small Entity				
Application Type	Fee (\$)		Fee (\$		Fee (\$)	Fee (\$)	Fees	<u>Paid (\$)</u>		
Utility	310	155	510	255	210	105				
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0				
2. EXCESS CLAIM FEES Small Entity										
Fee Description Each claim over 20 (include				<u>Fee (\$)</u> 50	Fee (\$) 25					
Each independent claim over 3 (including Reissues)							210	105		
Multiple dependent claims	•	.g					370	185		
	· · ·			Paid (\$) <u>Multiple Deper</u>						
29 - 30 =	x _						Fee Paid (<u>\$)</u>		
HP = highest number of total cla	ilms paid for, if gr	reater than 20.								
		ee (\$) =	Fee F	Paid (\$)						
5 - 5 = x = HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
	xtra Sheets		•	dditional 50 or fra	ction there	of <u>Fee (\$)</u>	Fee	Pald (\$)		
- 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00										
SUBMITTED BY Signature Registration No. 39,491 Telephone (703) 205-8000										
Signature		EAR MIVE	5/471	(Attorney/Agent)	39,491	Telephone	<u> </u>			
Name (Print/Type) Michael I	R. Cammara	ıta				Date	Decembe	r 3, 2007		

MRC/CMV/ta Birch, Stewart, Kolasch & Birch, LLP



		Trademark Office; U.	PTO/SB/22 (11-07) hrough 11/30/2007. OMB 0651-0031 S. DEPARTMENT OF COMMERCE					
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PETITION FOR EXTENSION OF TIME UNDER FY 2008	Docket Number (Optional) 5486-0213PUS1							
(Fees pursuant to the Consolidated Appropriations Ac	3400-UZ 13PUS 1							
Application Number 10/747,614-Cont	Filed	Filed December 30, 2003						
For SYSTEM AND METHOD FOR DYNAMICAL	LY CONTROLLING	GAMUT MAPPI	NG FUNCTIONS					
Art Unit 2609		Examiner	S. R. Koziol					
This is a request under the provisions of 37 CFR 1.136 application.	6(a) to extend the peri	od for filing a repl	y in the above identified					
The requested extension and fee are as follows (check	k time period desired a	and enter the app	ropriate fee below):					
	<u>Fee</u>	Small Entity I	<u>Fee</u>					
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$					
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$					
X Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$1,050.00					
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$					
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$					
Applicant claims small entity status. See 37	CFR 1.27.							
A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this application to a Deposit Account.								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to								
Deposit Account Number 02-2448 I have enclosed a duplicate copy of this sheet.								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
I am the applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
x attorney or agent of record. R	• •	-	·					
attorney or agent under 37 CF	R 1 34							
Segistration number if acting		,						
Mell States	ense Il laces	Der	cember 3, 2007					
Signature	15.23	7	Date					
Michael R. Cammarata	7 00/20	(7	703) 205-8000					
Typed or printed name	Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the than one signature is required, see below.	e entire interest or their repre	esentative(s) are requir	ed. Submit multiple forms if more					
Total of 1 forms are sub	omitted.							

12/84/2007 CNGUYEN2 00000061 022448 10747614 01 FC:1253 1959.00 DA